

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029102

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 117

FILED AUG 6 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Lincoln	b. CITY (If outside corporate limits, give TOWNSHIP only) Bedford	a. STATE Mo.	b. COUNTY Lincoln
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln County Memorial Hospital		c. CITY OR TOWN Troy	d. STREET ADDRESS 121 Knox
Length of stay in lb 3 weeks		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED			4. DATE OF DEATH	
First Nola	Middle Clyde	Last Trail	Month July	Day 31
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/12/1886	9. AGE (last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Wentzville, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Joseph Brummell		13b. MOTHER'S MAIDEN NAME Ann Cheek		14. NAME OF HUSBAND OR WIFE Hurley Trail
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [redacted]		
17. INFORMANT Hurley Trail		Address Troy, MO.		

18. CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <i>Toxemia</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) <i>Chronic pyelonephritis</i>		
DUE TO (c) <i>Bacillus pyocyaneus</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>diabetes mellitus</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Troy Mo.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <i>May 7, 1964</i> to <i>July 31, 63</i> and last saw her alive on <i>7-21-63</i> Death occurred at <i>6:25 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Addison Horns</i>		22b. ADDRESS <i>Troy Mo</i>	
22c. DATE SIGNED <i>8-1-63</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>8/2/1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Troy City Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Troy Mo.</i>			
24. FUNERAL DIRECTOR <i>Kemper Marsh Funeral Home</i>		25. DATE RECD. BY LOCAL REG. <i>8-1-1963</i>	
ADDRESS <i>Troy, Mo</i>		26. REGISTRAR'S SIGNATURE <i>Charlotte Leek</i>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

APR - 5 1985

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Joseph L. March, Jr.*

Licensed Embalmer No. 5105

P. O. Address Troy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.